



Docket No. 031896-23000 (AM 101329)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
Margot Mary O'TOOLE *et al.*) Group Art Unit: 1634
Serial No.: 10/786,720) Examiner: Carla J. Myers
Filed: February 26, 2004) Confirmation No.: 2740
For: **COMPOSITIONS AND METHODS FOR**) **Attention: Office of Initial Patent**
DIAGNOSING AND TREATING) **Examination's Filing**
AUTOIMMUNE DISEASES) **Receipt Corrections**

SECOND REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

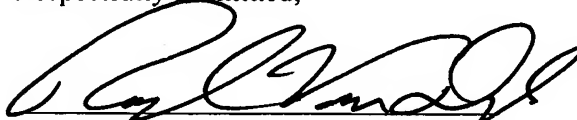
Enclosed is a copy of the Official Filing Receipt mailed June 23, 2004, marked to show the corrections that are needed. Please note that a correction of the Assignee's name was previously requested on November 23, 2004. The Assignee and Power of Attorney, both of which were omitted on the Filing Receipt, should read as follows:

--Assignment For Published Patent Application
Wyeth, Madison, NJ--

--Power of Attorney: The patent practitioners associated with Customer Number
50839--

Issuance of a corrected Official Filing Receipt is respectfully requested.

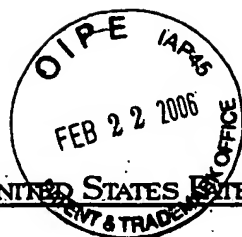
Respectfully submitted,



Raymond Van Dyke, Reg. No. 34,746

Date: February 22, 2006

NIXON PEABODY LLP
Customer No. 50839
Suite 900
401 9th Street, N.W.
Washington, DC 20004-2128
(202) 585-8250

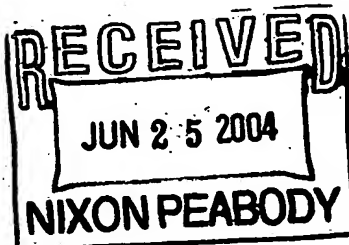


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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/786,720	02/26/2004	1645	1028	031896-23000	1	20	6

22204
 NIXON PEABODY, LLP
 401 9TH STREET, NW
 SUITE 900
 WASHINGTON, DC 20004-2128



CONFIRMATION NO. 2740

FILING RECEIPT



OC000000013045053

Date Mailed: 06/23/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Margot Mary O'Toole, Newton, MA;

Wei Liu, Sudbury, MA;

-- Assignment For Published Patent Application

Wyeth, Madison, NJ --

-- Power of Attorney: The patent practitioners associated with Customer Number 50839. --

Domestic Priority data as claimed by applicant

This appln claims benefit of 60/449,753 02/26/2003

and claims benefit of 60/449,693 02/26/2003

and claims benefit of 60/449,795 02/26/2003

Foreign Applications

If Required, Foreign Filing License Granted: 06/23/2004

Projected Publication Date: 09/30/2004

Non-Publication Request: No

Early Publication Request: No

Title

Compositions and methods for diagnosing and treating autoimmune diseases

Preliminary Class

435

**LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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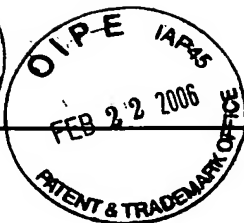
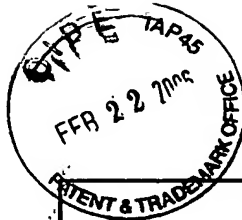
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	10/786,720
	Filing Date	February 26, 2004
	First Named Inventor	Margot Mary O'TOOLE <i>et al</i>
	Group Art Unit	1634
	Examiner Name	Carla J. Myers
Attorney Docket Number		031896-23000

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Second Request for Corrected Official Filing Receipt w/ filing receipt marked in red showing changes made.
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Raymond Van Dyke, Registration No. 34,746 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	February 22, 2006